



CITY OF BLUE LAKE

Post Office Box 458, 111 Greenwood Road, Blue Lake, CA 95525
Phone 707.668.5655 Fax 707.668.5916

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I am the parent or guardian of _____, a minor. I authorize and consent that the CITY OF BLUE LAKE and the Parks & Recreation Department, as my agents, are permitted, but not limited, to have the following medical treatment performed: x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care if deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon. It is further provided that the diagnosis or treatment be rendered at the office of the physician or at the hospital.

It is understood that this authorization if given in advance of any specific, treatment or hospital care being required. This authority and power given to my agents gives specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my above named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until December 31, 2013 unless sooner revoked in writing and delivered to my agent(s).

Signature of Parent or Guardian

Print Name

Address _____
Street City Zip Day Time Phone

MEDICAL INFORMATION

Child's Doctor _____ Child's Dentist _____

Child's Birth date _____ Last Tetanus _____

Chronic Illnesses _____ Allergies _____

Medications (Long Term) _____

INSURANCE INFORMATION

Name of Policy _____ Policy Number _____

Who to contact in an emergency _____
Name Day Time Phone